

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-1-03.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 97799CP.

II. FINDINGS

The respondent denied reimbursement based upon "F – The procedure code is reimbursed based on the medical fee guideline."

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-5-02 11-6-02 11-7-02 11-8-02 11-11-02 11-12-02 11-13-02	97799CP	\$1600.00	\$800.00	F	DOP	Section 413.011(b)	Requestor did not support position that amount billed complied with Section 413.011(b); therefore, additional reimbursement is not due.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code.

The above Findings and Decision are hereby issued this 19th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division